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ABSTRACT

This paper describes an experimental early intervention program called the Kindergarten and Elementary Intervention Program, which provides support for at-risk students, their parents, and teachers. It aims at the improvement of early school adjustment through approaches designed to accommodate a wide range of individual differences; improve and augment regular support; and provide specialized staff development and intervention. The program has three components: volunteers to help targeted students, teacher consultation, and parent involvement. Although the volunteer and consultation components are described in this paper, the focus is on parent involvement, which emphasizes parents' efforts to deal with the school adjustment and other potential problems of identified students. The goal is to help parents understand the problems manifested by their child; ways to handle parenting dilemmas; and ways in which the school and parent can work together to prevent and deal with problems. Parent involvement is encouraged by recruitment of parents as volunteers, and by special conferences and parent discussion groups. The program also addresses the school adjustment of newcomers. Appended are seven references and a description of the program's guidebook. (GLR)

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The Parent Component of the Kindergarten and Elementary Intervention Project (KEIP)[1]

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The Parent Component of the Kindergarten and Elementary Intervention Project (KEIP)

For over a decade, the Los Angeles Unified School District's School Mental Health unit has operated an early intervention program called the Kindergarten Intervention Program (KIP). The program provides support to kindergarten children manifesting school adjustment and psychosocial problems. KIP originally was established because of widespread recognition that elementary age students who display such problems are a high risk group for school failure, eventual dropout, and mental health problems (Munn, McAlpine, & Taylor, 1989).

Based on the program's promise, in 1988, the District received a U.S. Department of Education grant to expand it as an early intervention demonstration model. The project moved into kindergarten and first grade classes at 24 elementary schools targeted for dropout prevention programs by the District (i.e., schools serving mostly students from poor, minority backgrounds). The expanded experimental program was named the Kindergarten and Elementary Intervention Program (KEIP). Specifically, the project aims at improving early school adjustment through approaches designed to (a) accommodate a wider range of individual differences in classrooms, (b) improve and augment regular support, and (c) provide specialized staff development and interventions. As currently implemented, KEIP has three components: volunteers to help targeted students, teacher consultation, and parent involvement (Adelman & Taylor, in press).

Intervention Components

KEIP provides support for at risk students, their parents and teachers. The children targeted are those whom teachers describe as having a particularly difficult time adjusting to school or interacting with others. Teachers report such children as being especially shy, nonverbal, reluctant to interact with others, fearful, inhibited, apathetic, angry, impulsive, hyperactive, scattered, negativistic, aggressive, and so forth.

School-based programs for students with problems vary in the setting in which they are carried out and the type of intervener involved. Some, for instance, are offered through special education; others are mainstream programs; some work with the child in the classroom, others remove the youngster for one or more periods; some emphasize mental health concerns, others focus on learning problems. In contrast to "pull-out" programs (such as special classes or the Primary Intervention Program based on Emory Cowen's work), KEIP is based in regular classrooms. Special help for targeted children emphasizes mental health concerns and is mobilized through three program components. A brief description of the nature of each component follows. (They are presented in detail in an operational guidebook [KEIP, 1989] -- see Table 1. It should be noted that over the three years of the project, each component has continued to evolve -- especially as an outgrowth of the project's efforts to facilitate adoption of the program.)

Volunteer Component

Cowen (1986) has stressed that use of volunteers can increase

tenfold the number of children who can be given specific help. For this component of KEIP, volunteer aides (e.g., college students, parents, senior citizens) are recruited, trained, and supervised to work directly in the classroom with identified students in order to provide additional psychosocial and educational support. Volunteers work under the direction of the classroom teacher, with supplementary supervision from District mental health professionals.

Each volunteer spends 3-5 hours a week in the classroom. The primary objective is to establish a supportive relationship with targeted students and, on a one to one basis or in small groups, help them overcome problems. Group interactions are especially important in enhancing cooperative behavior with other students. One to one work often is needed to develop positive relationships with particularly aggressive or withdrawn students and in fostering successful task completion with those easily distracted. Such help is intended, at the least, as a way of accommodating individual differences to improve school adjustment and, more hopefully, as an aid for efforts to enhance a student's motivation and skills.

Consultation Component

Personalized problem solving and in-service education are offered to teachers by mental health professionals through one to one interchanges. The emphasis is on the general needs of at risk youth in the classroom and how to plan and implement systematic steps and activities to enhance the motivation and success of the targeted students.

More specifically, the objective is to explore with the teacher how to provide additional interventions. These include:

(a) outreach and special transitions to accommodate those who have problems adjusting to the class and to certain tasks (e.g., offering activities designed to make encounters with school and learning especially inviting and positive, such as personalized projects reflecting the youngster's current interests and skills; providing extra support and attention as needed; identifying an older student to act as a "big brother/sister"; facilitating opportunities to assume valued roles such as a safety monitor);

(b) specialized interventions designed for a volunteer and/or teacher to implement (e.g., individual help to deal with specific problems related to social and academic skills). In addition, the teacher is helped to make referrals for appropriate adjunct services when necessary.

Parent Component

The purpose of this symposium, of course, is to share some of what we have learned with regard to parent involvement in schooling. The parent component is directed toward improving home involvement in dealing with the school adjustment and other potential problems of identified students. Minimally, parents are encouraged to attend parent discussion/support groups at the school. In addition, when indicated, special conferences are offered. The focus in both instances is on understanding the problems manifested by their child, how to handle parenting dilemmas, and ways in which the school and parents can work

together to prevent problems and deal with those that arise. In some cases, parents are encouraged to volunteer in a classroom as an additional resource for their or some other child and as an additional learning opportunity for themselves. All parents are encouraged to become involved in other activities the school offers with respect to improving each youngster's schooling.

The first step in increasing parent involvement was to invite them to parent discussion group. Over the three years, 156 groups met with over 2700 parents attending (an average of 17 per group). Separate groups were provided in English and Spanish. Child care was offered to allow parents to participate without distraction. To increase parent involvement in schooling, parents also were recruited as volunteers.

Parents' ratings were extremely positive regarding the opportunity the groups provide for hearing and discussing problems and ideas about child rearing and schooling. A typical sample of parent ratings (on a 6 point scale) indicated they found the sessions (a) worth attending (mean = 5.5), (b) improved their understanding of child's problems (mean = 5.2), and (c) increased their motivation for solving child's problems (mean = 5.1). Parents stated they particularly appreciated learning more about communicating with their children. And they wanted more -- more sessions to cover more topics, more time to talk at the sessions, more material to read. (Their mean rating of the likelihood of attending future meetings was 5.3.)

As we have encountered the large number of recent immigrants

and students who move frequently from school to school, we have come to appreciate the need for additional intervention strategies to address the school adjustment problems of newcomers. This is a problem that is just beginning to receive the attention it warrants (Ingersoll, Scammon, & Eckerling, 1989; Jason, Betts, Johnson, Smith, et al., 1989; Lash & Kirkpatrick, 1990). Thus, one way KEIP is evolving relates to establishing a specific focus on early-age intervention to minimize the difficulties experienced by students and parents as they enter a new school and, by implication, to ease the problems schools experience in coping with a constant flow of newcomers. A major emphasis is on creating permanent systemic changes in a school to minimize negative experiences during the transition-in process and ensure there is positive outreach.

Today, you will hear results from several studies conducted as part of the project that were designed to improve our understanding and to enhance parent involvement in schools and schooling.

Bonnie Klimes-Dougan will discuss "Low Income Families' Involvement and Early School Adjustment" -- presenting findings of involvement differences within low income families in relation to differences in their primary age child's adjustment to school (good vs. poor).

Jose Lopez will discuss "Latino Families and School Involvement" -- emphasizing involvement differences within low income Latino families who differ in English-proficiency and discusses the role of acculturation as related to parent

involvement in schools.

Jeanne McIntosh will discuss "Good and Poor Early School Adjustors: Parent-Teacher Contacts and Parent Views of Academic Performance" -- presenting data on parent-teacher contacts in the primary grades and parent evaluations of their child's academic performance and their attributions regarding their child's school adjustment and expectations for their child's future.

Jane Simoni will present "School-Based Mutual Support Groups for Parents" -- sharing intervention work related to the development of school-based parent mutual support groups and data on factors related to involving parents in such groups.

Finally, Howard Adelman will provide a broad intervention perspective on the topic of "Parents and Schooling" -- exploring major issues and problems related to efforts designed to enhance parent involvement in schools and schooling.

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Note

[1]This work was carried out in conjunction with a dropout prevention demonstration project conducted as a collaborative effort of the School Mental Health unit (Janelle Munn, Director) and Dropout Prevention unit (Pete Martinez, Director) of the Los Angeles Unified School District and the School Mental Health Project at UCLA (Howard Adelman and Linda Taylor, Co-directors). Partial support for the project came from the U.S. Department of Education.

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Table 1

Description of KEIP Guidebook

A major aim of a demonstration project is to encourage others to adopt the program. As an aid to potential adopters, the Kindergarten and Elementary Intervention Project (KEIP) has developed a series of 4 units constituting an Operations Guidebook. A unit exists for each of the three major facets of the intervention: (1) the volunteer component, (2) the parent component, and (3) the consultation component, as well as for (4) the diffusion process.

Programs, like people, are developing organisms. Activity should reflect a program's level of development. Initially, program staff feel the pressure to do everything at once -- which is a certain recipe for burn-out. The procedures described in the various units take time to develop and implement. Thus, in some instances, initial and subsequent developmental phases are differentiated. For a unit to be most useful, the guidelines recommend that staff members review it periodically to evaluate which aspects they have been able to incorporate and which they are currently ready to add.

The following is the Table of Contents for the "OPERATIONS GUIDEBOOK:"

Introduction

Unit 1. The Volunteer Component

- A. How to Start the Program
- B. Coordinators' Functions
- C. How to Recruit, Select, and Train Volunteers
- D. Identifying Children At Risk
- E. Using Volunteers Effectively
- F. Evaluating the Volunteer Component

Unit 2. The Parent Component

Introduction: Toward Home-School Partnerships: Concepts and Implications for Practice

- A. Attracting Parents to an Event at School
- B. Introducing Other Opportunities for Supportive Parent Involvement
- C. Maintaining Parent Involvement
- D. Toward Home-School Partnership
- E. Evaluating the Parent Component

Unit 3. The Consultation Component

Introduction: School Mental Health Consultation

A. What's Available, What's Needed
B. Offering Consultation and Responding to Requests
C. Facilitating Referral When Necessary
D. Toward School-Based Psychosocial Consultation Teams
E. Evaluating the Consultation Component

Unit 4. The Diffusion Component

Introduction: Establishing New Programs

A. Administrative Unit and Diffusion Coordinator
B. Introductory Presentations
C. Identifying A Program Director at Each School
D. Recruiting An On-Site Program Coordinator
E. Training the KEIP On-Site Director & Coordinator
F. Initial Implementation of the New Program
G. Ongoing Consultation
H. Program Maintenance, Networking, and Evaluation